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ORIGINAL ARTICLES:	PAGE	BUREAU OF INFORMATION:	PAGE
The Diagnosis of the Different Types of Traumatic Anchylosis of Joints, the Complete and Incomplete. <i>By Thomas H. Manley, M. D.</i>	1057	Partner Wanted. <i>A. E. B.</i>	1073
Thoughts, History and Excerpts on Ichthyol in the Treatment of Erysipelas. <i>By T. G. Stephens, M. D.</i>	1061	Enuresis.....	1073
Pulmonary Tumors. <i>By E. S. McKee, M. D.</i>	1064	Deafness. <i>A. E. Fitch.</i>	1073
The Use of Tannin in Pulmonary Tuberculosis. <i>Translated by E. W. Bing, M. D.</i>	1064	Small Pox and Vaccination. <i>An Old Reader.</i>	1074
A Little Wholesome Advice to the Lairy. <i>By Louis Lewis, M. D.</i>	1066	Obituary.....	1075
Prescribing Quinine. <i>By T. V. Crandall, M. D.</i>	1067		
		BOOK NOTES:	
CLINICAL LECTURE.		An Outline of the Embryology of the Eye. <i>Holden</i>	1075
Ventral Hernia. <i>By E. E. Montgomery, M. D.</i>	1067	Exercise for Pulmonary Invalids. <i>Dennison.</i>	1075
		Leonard's Physician's Day Book.....	1075
LECTURE.		The Parliament of Religions.....	1076
The Philosophy of Man. <i>By James E. Garretson, M. D.</i>	1068		
		THE MEDICAL DIGEST:	
EDITORIAL:		Papayotin and Carbolic Acid in Diphtheria. <i>Levy and Knopf.</i>	1076
Medical Students and Medical Colleges. <i>T. H. M.</i>	1070	The Hygienic Value of Peroxide of Hydrogen. <i>Med. Times and Hosp. Gazette.</i>	1076
		Action of Iodoform on Pus Microbes and on the Leucocytes. <i>Maurel.</i>	1077
ANNOTATIONS:		Cocaine in Small-pox. <i>Saymon.</i>	1077
Let Us have a Cabinet Place in the National Government. <i>Hughes.</i>	1071	Losophan in Dermatology.....	1077
Eucalyptus Inunctions in Measles. <i>Shelly.</i>	1071	Experiments with a new Diuretic-Preparation (Theobrominlithium-Lithium Salicylum) <i>Therapeutischen Monatshefte.</i>	1078
		Syphilis Among the Cliff Dwellers. <i>McClean.</i>	1078
LETTER TO THE EDITOR.....	1071	The Typhus Bacillus Discovered. <i>Fraenckel.</i>	1078
		Bacteriology of Cystitis. <i>Huber.</i>	1079
NOTES AND ITEMS.....	iv, x	Bi-manual Signs of Early Pregnancy. <i>Dickenson</i>	1079
		Differential Diagnosis of "Scarlet Fever and Rotheln." <i>Atkinson.</i>	1079
		Operation for Umbilical Hernia on the New-Born Child. <i>Berger.</i>	1079
		Notice.....	1080
		Advertisers Warned. <i>Doctor of Hygiene.</i>	1080

Original Articles.

THE DIAGNOSIS OF THE DIFFERENT TYPES OF TRAUMATIC ANCHYLOSIS OF JOINTS, THE COMPLETE AND INCOMPLETE.*

By THOMAS H. MANLEY, M. D.,

[Visiting Surgeon to Harlem Hospital, New York.]

IT has generally been claimed that the correct diagnosis of a malady or an infirmity, is the key to its treatment.

This, in the main, is correct; but to assume, that it will apply to all cases is stretching the truth too far, in our time, in the race of scientific achievements, diagnosis has far outstripped curative measures. Indeed, at present the bent of modern teaching has pushed forward much too fast for the student to keep the therapeutic end of the line up, so that, when one enters the world, as a practitioner, with his reagents and lens, the recognitions of many maladies is simple

and quite precise, while his practical knowledge of treatment is most confused and rudimentary.

In affections which lead to the distortion of a limb, a correct diagnosis of them is of vast importance; for, symptomatology in these conditions when mastered, not only sheds light in the way of treatment, when this is open to consideration, but it likewise enables us to make safe forecast as to ultimate results.

DIAGNOSIS, AS TO LOCAL AND GENERAL CONDITIONS.

The above resolves itself into;

1st. The nature, extent and situation of pathological conditions, at the ankylosed joint; in other words, into local changes.

2d. The condition of the patient, with respect to his constitutional state, predisposition, morbid tendencies or the general system.

With reference to the first we will commence by an inquiry as to the age of the patient, the manner in which he was injured, the date of the accident and the

* Read at Annual Meeting of Railway Surgeons of New York, at New York Academy of Medicine, November 15, 1893.

quality of treatment instituted; whether a fracture or dislocation was sustained.

It will be well to determine, whether the lesion is *intrinsic* or *extrinsic* to the joint.

We should always, before we touch the suspected articulation, first note carefully, if inflammatory swelling is present, and the attitude of the limb. Has the patient synovial inflammation; is it arthritic or osseous. A severe blow on the head of a bone, is often followed by a severe osteitis, or osteomyelitis, in which state, muscular spasm is almost certain to supervene.

If our patient is only seen late by us, then, if there have been a fracture, we should find some thickening of the periosteum left, at the site of injury. After a bone has been reduced completely, it leaves no traces, by which we can say with certainty that such an accident ever had happened. But, we find the joint examination perfectly negative, as far as the state of all the tissues, which enter into its composition goes; yet it may be painful or not, to pressure or the least motion. Now, it is well to carefully inspect the tissues at side of the joint. My experience leads me to inculcate the muscle first. This structure is the most invulnerable in the entire body, but there is a limit to its immune properties, and hence, we have such lesion as myelitis, as a primary condition after a very severe injury to the organic elements of a muscle.

Let us for a moment glance at the physical phenomena, which an inflamed muscle or group of muscles presents. First, we will observe in this organ as in all others, when the seat of acute inflammation, that there is a partial or complete suspension of its physiological action, and its power to contract, under the will, is temporarily in abeyance. The affected muscles relax, their unaffected antagonizers so contract that the limb has lost its equipoise and becomes sharply flexed, extended, or otherwise, according to the group affected.

This type of inflammation is quite common in the severe injuries, and if one does full justice to the patient he should acquaint himself with its full significance. In different structures, particularly over the hip joint, I have

seen more than one case in which it was present, mistaken for arthritic disease, and a most gloomy prognosis given.

Next to the muscular tissue, the bone elements are susceptible to the consequences of traumatic influence. When a bone shaft has sustained vulnerable force and pathological changes follow in obedience to a law, yet rather incomprehensible, one set of muscles becomes inflamed and crippled, while the others escape; and, therefore, why the limb is drawn in diverse directions and temporarily fixed. When the bone is injured the periosteum, most commonly, alone is affected between the epiphyseal lines, but at the articular ends the parichondrial and other osteal envelopes survive, while the cancellous tissues break down, or become the seat of a low grade of inflammation which, sometimes is very slow to yield.

Injuries of the peripheral nerves are a most fruitful source of ankylosis. Those which follow sprains of an articulation are the most serious. Indeed, many of these may cripple a limb longer than a fracture. In this class of ankyloses our examination is negative, nor can we find any evidence of well-marked pathological changes outside of the joint immediately after the injury, but the articulation is extremely sensitive to motion or pressure.

The consecutive changes which follow those injuries, are what lead to atrophic changes, so that in arriving at a full appreciation of the true character of the condition present, we must not underestimate the effects, which time has wrought in the joint and adjacent parts. We will generally recognize the chronic type of neuropathic joints by the soft consistence of the muscles, the position of the limb, the low surface temperature and feeble circulation.

THE ASSOCIATION OF CERTAIN CONSTITUTIONAL CONDITIONS WITH TRAUMATIC ANCHYLOSES.

It goes without saying that the recuperative energies of the economy in all cases, are greatly influenced by the age of the patient, and more especially by the conditions of the general system.

We all know how poorly wounds do in the badly fed, in public institutions, in

the heavy drinker, the tuberculous or syphilitic. Joint injuries in the rheumatic, the strumous, or the neurotic, as a rule, pursue a chronic course, or, at any rate, are more difficult to treat. They are frequently unsatisfactory in result and more prone to relapse. Morbid processes perpetuated by malaria, and joint affections of every description, are more painful and tedious of cure in winter weather.

When we are called to treat those conditions which produce an ankylosis, therefore, it is of prime importance that we endeavor to determine the share which certain constitutional disturbances exercise, in order that an appropriate therapy may be simultaneously addressed to the general system and the local condition.

The importance of this, may be best emphasized by the citation of one or two illustrative cases.

Some years ago I was called to see a boy of ten, who was suddenly seized with severe pain over the left buttock. It came on, the day following a fall off a fence.

He was seen by a practitioner who at once diagnosed "hip-disease" and the limb was immediately placed in a gypsum cast, it being fixed in the ankylosed line, which it had taken.

Not making any progress towards recovery, I was called. Before looking at the hip I took his pulse and temperature. He had sharp fever with constant thirst. It was my opinion that he had rheumatic arthritis. The dressings were all removed. He was placed on the alkalies with colchicum, and an emolient liniment applied over his sensitive hip.

The little fellow rapidly recovered. I saw him but once. In two weeks he walked to my house, about a mile, without crutch or stick, and has never since had any trouble.

My friend Dr. Douglas H. Stewart, of this city, related a most interesting case of a somewhat similar description recently to me.

His patient was an infant ten months old, only. For some time he seemed to be in pain and incessantly cried night and day. But he nursed well and presented a healthy appearance.

The family physician had prescribed in vain; the little fellow, screeching the

most at night, and narcotics seemed to give him no relief. Finally, he was partly stripped and examined; but nothing was discovered. It was ultimately diagnosed a case of vicious disposition, of "pure cussedness," and it was decided to do nothing more for him. But the mother was not satisfied with this "do-nothing" policy and called in Dr. Stewart.

When the baby was stripped naked the doctor noticed, that he kept the left knee flexed, and any attempt to move it gave him pain. Besides, the gluteo-femoral fold was obliterated. There was an elevation of the temperature and the skin was rather hot and dry. Dr. Stewart on inquiry, learned that the mother was rheumatic, at times, while nursing the child. He decided that the case was one of mon-articular rheumatism, and prescribed salicylates. The hip was enveloped in a flannel roller, the knee resting on a pillow. Within three days all pain had disappeared and the full use of the limb was restored, without any later relapse.

In modern times, since syphilis and gonorrhea, are known to so largely enter into the etiology of the arthropathies, we may, in many find either one constituting an important factor in causation, in those stiff joints, in which the patient would have us believe, the trouble all came from a "strain."

Struma, or the so-called tubercular cachexia is responsible for a great number of cases of such joint affection as limit, or totally prevent joint motion. When we suspect this association we should examine the state of the pulmonary organs and the absorbents; look for heredity or contagion; and, in all cases, count on a tedious and imperfect cure.

DIAGNOSIS OF NEUROPATHIC-ANCHYLOSES.

The recognition of this class of ankyloses is often attended with great difficulty.

Our patient has no fever and no marked constitutional disturbance.

Locally we will discover, in many, no decisive evidence of diseased processes, nor signs of definite organic degeneration in the leverage which acts on the joint affected.

Indeed, were we to depend wholly on

physical phenomena, in several, in the early stages it would be quite impossible to say whether our patient was shamming or really invalided.

Nevertheless, if we analyze each individual case critically, much obscurity will clear up, and their true character will become apparent. In nearly all we will find our patient pale and anemic. They commonly experience intermittent attacks of palpitation and tachycardia. The appetite is bad and digestion is deranged. The greater part of these subjects present evidence of a rheumatic or tubercular diathesis. Their antecedent history will often throw much light on the fundamental condition. They have been strumous in childhood, have had fugitive pains in other joints with tumefaction of the cervical lymphatics. Nor is their antecedent history without interest and value. In many we will clearly trace a distinct hereditary predisposition to various phases of neuroses. The clinical signs of the greatest value attaching to the local condition are (a) the trivial, or moderate severity of the primary injury; (b) the sudden onset of severe pain; (c) the exquisite sensitiveness of the integument for an area considerable distance above the affected joint, the "Brodie sign"; (d) the manner in which the firm and steady pressure of the hand can be borne and motion of the limb made when the patient's attention is diverted, or they are inspired by hope, a species of hypnotic suggestions. These are the local clinical phenomena, most pronounced in the early stages of the so-called "hysterical ankyloses." When this pathological condition drifts into a chronic state, we will find evidences in and about the joint, of trophic disturbance and vaso-motor changes.

The circulation becomes languid, the subcutaneous tissues in the parts below the joint are the seat of œdema; though the limb may have preserved its contour, the tissues have lost their firm consistence and have a doughy feel.

These pathological evidences of malnutrition in the rigid limb, are much more marked, than when dependent on inflammatory changes within the capsule, and besides vanish with remarkable rapidity after effectual relief measures are instituted. In all these affected with this

type of joint—neuroses, the psychological state exercises a marvelous influence. Hence, we will observe that our patients are, as a rule, melancholy, despondent and irritable. Therefore, if we would unravel the intricacies of diagnosis, with this group we should observe carefully those protean manifestations of a central origin, as well as others which emanate from the spinal nerves.

COMPLETE OR INCOMPLETE ANCHYLOSIS.

Although a complete knowledge of the type of ankylosis present, will often in no manner influence our treatment, it may be well to inquire here, if it is generally possible, to recognize the genuine osseous fusion of the bone surfaces, true ankylosis so-called, from that which is attributable to contraction and shortening of muscle, tendon or ligament.

It is a disputed question on which the most eminent authorities disagree.

Bonnet, writing on this subject, has said: (*Malades Des Articulations*, p. 217. Ed 2, t ii.) "There are no signs by which we can definitely recognize bony ankylosis."

But Brodhurst disagreed with him and claimed, "that whenever the muscles can be thrown into action, so as to render the tendons prominent, or tense about the joint the adhesions are not bony; nor, are they bony, when the slightest motion is found to exist." Nevertheless, he adds, in qualification of this statement further, viz: (*Ankylosis of the Joints*, 2d Ed., p. 217.) "That though fibrous ankylosis may be recognized by appropriate tests still, it is often difficult to differentiate between the extra capsular; and sometimes impossible to make the distinction, except, when force is being employed and the adhesions are being ruptured."

My own observations incline me to Bonnet's view.

Every surgeon will encounter cases of ankylosis, in which the joint is solidly locked, by such adhesions as totally suppress every trace of motion; as completely as though the whole limb were but one bone; and yet, we are assured, by indisputable proof, that the articular surfaces preserve their physiological integrity.

We encircle the tendon release the adhesions in the soft parts and the limb comes into place.

No case of complete osseous fusion of the joint surfaces has come under my observation, except in those in which atrophic changes in the limb and other arthropathic degeneration were well worked. Osseous ankylosis is never a sequence of traumatic force, except, when there has been an extensive shattering of the joint, with very active inflammatory reaction; or when tubercular changes follow injury; which, in years, undergo cure, by sacrificing the joint.

In all cases of ankylosis following injury they should be thoroughly studied, and we should be assured that every ray of hope is gone, before we definitely set a case aside, as one of that class that admits of no possible relief or cure.

It is but a short step, between the sacrifice of a joint and a limb; indeed, in not a few, it is a question whether the elision of a member is not often to be preferred, to the presence of a stiff and motionless one.

THOUGHTS, HISTORY AND EXCERPTS ON ICHTHYOL IN THE TREATMENT OF ERYSIPELAS.

By T. G. STEPHENS, M. D.

SIDNEY, IOWA.

NATURAL science teaches us that nothing is lost, nor a particle of matter stricken out of existence. So, as nothing is lost or annihilated, it is probable that nothing has been added, and we are ourselves composed of particles of matter as old as creation.

How long man has been a dweller upon the earth, we can only conjecture by the bones that have been discovered in caves devoted to human sepulchre for thousands of years. There is a perpetual change from life to death and from death to life, and a constant succession in the forms and places which the particles of matter assume. Life first developed in the sea; thus in geology we have an age of mollusks, an age of fishes, and an age of reptiles.

In the paleozoic system of rocks we have a general life system which is

divided into three ages, each characterized by a division of a great class of organisms. 1st—The Age of Invertebrates, sometimes called age of mollusks—animals whose bodies are soft, as snails,—oysters and other shell animals. 2nd—Age of Fishes. 3d—Age of Acrogens, cryptogamous or flowerless plants and Amphibians.

The greatest change that has ever occurred in the history of the organic kingdom, took place at the end of the paleozoic era. The whole system of the earth may be divided into the Paleozoic and Neozoic. In consequence of the extraordinary physical changes there have been great upheavals of the seas; its fauna perished in great masses, and by natural causes have been converted into fossils and other organisms.

The geologist has no difficulty in distinguishing between these ages and the class of animals and plants existing during these periods. The class of fishes and other vertebrates as well as the invertebrates existing during the paleozoic era, were quite different from those existing at the present time. The great masses of fauna which were destroyed during the paleozoic period, after many transitions are now being converted into useful purposes, and it is from these fossil deposits found in the Tyrol, supposed to be derived from fishes and other antedeluvian animals, (whence the name) by dry distillation, ichthyol is formed. In Scotland, shales have been found filled with fishes which have changed into bitumen. This bituminous rock, or shale, from which ichthyol is obtained, resembles the coal-bearing rock and is probably nearly contemporaneous with coal in its production. But coal is formed from *terrestrial* vascular plants in the presence of *fresh* water, while bitumen is formed from more perishable *cellular* plants and animals in the presence of *salt* water. The rock is said to be very rich with the remains of these animals, some of which have been so completely preserved as not yet to be perfectly petrified.

Ichthyol resembles coal tar in appearance and is a clear, thick, brownish liquid of a smoky, bituminous odor and taste; soluble in water, in a mixture of alcohol and ether, in oils, glycerine and fats.

There are various ichthyol salts made

and for sale as ammonium, sodium, lithium, and zinc; but the form in which it is mostly employed is the sulpho ichthyolate of ammonium.

An objection frequently raised against the use of ichthyol, is its disagreeable odor, which can easily be overcome by the addition of oil of citronelle or vanillin.

At the present time we are in the midst of a therapeutic revival, and it is considered the golden age of medicine by those who have given no thought to the study of the past; but, geology brings to view resurrected relics that prove we are mere pigmies at present in our advancement in learning, when compared with those who lived in the illustrious days of Rome. At our best, we are but imitators of those who lived at that time. Jansen is said to have invented the compound microscope in the year 1590, but it was only the discovery of an invention well-known in the time of Cicero, and, perhaps, quite as well understood thousands of years before that great orator's time.

Layerd, in writing of his discoveries in Nineveh says, "The engravings on the stones were so small that they could only be read by the aid of the most powerful glasses."

Chemistry as a science dates back a little over one hundred years. The bombastic Paracelsus, born about the year 1493, was the founder of iatrochemistry and turned his attention in the way of search for the "*elixir ad longam vitam*." But the most striking proof of the folly of his pretensions was given in his own person, for after announcing that he was in possession of an elixir which would prolong human life to an indefinite period. He died at Saltzburg of a fever, when but 48 years old.

Antedating this time, we find chemistry frequently alluded to in the Bible as an art.

Ichthyol, though introduced into therapeutics one decade ago, has, owing to experiments made during that period by some of the most eminent medical authorities of the day, obtained much precedence as a remedy in certain diseases. It was first described by Schrötter and used in the treatment of skin diseases by Unna.

Profs. Bauman and Dr. Schotten, of

Berlin, made many experiments on animals to ascertain as to its injuriousness, the result proving to them that it was perfectly harmless.

That the drug is incapable of producing poisonous symptoms is contradicted by the report of an Italian physician, Dr. Bergerio, who has employed it as an intra uterine injection after curetting the uterus. Shortly after the injection the patient complained of a fishy taste in the mouth and of the odor of the ichthyol.

The pulse became exceedingly rapid, and symptoms of collapse came on with great rapidity. These symptoms, however, disappeared in about twelve hours. Naturally Bergerio concluded that this case of intoxication was due to the absorption of the drug from the exposed surface of the uterus, and he reports that his colleague, Peroni, observed, in another case, vomiting, headache, convulsions and diarrhea after the employment of ichthyol in a patient who was suffering from prurigo.—*Therapeutic Gazette*.

Since ichthyol was first brought into general use I have been prescribing it in various diseases more especially in erysipelatos inflammations, with very satisfactory results. At first my cases were all idiopathic, of a mild type, and yielded so readily that I was at a loss to know whether the remedy was entitled to any particular credit or not, but afterwards I had an opportunity to test it on some traumatic erysipelatos cases of the face, arising from the absorption of ichorous secretions of old sores. Also on a case of gangrenous erysipelas of the foot, as the sequel of crural phlebitis, where the subcutaneous areolar structure had become involved with an abundant serous effusion, followed by rapid, yet imperfect suppuration, gangrene and sloughing, especially of the loose connective tissues of the upper part. The ichthyol in my cases was usually used in the form of an ointment, varying in strength to suit the conditions of the patient, and was applied over and beyond the involved areas.

I oftener use a ten per cent. mixture combined with an equal quantity of lanolin, using it two or three times a day. Of course we use internal remedies more or less throughout the course of the disease, ichthyol being only a topical application.

The case of erysipelas of the foot had been treated by a respectable practitioner up to the time I saw her without any favorable change. After thorough disinfection I prescribed ichthyol, one part to lanoline seven, and using it in the form of a thin plaster, applying the first late in the evening. The following day I called again and learned that shortly after applying, the patient became delirious and remained so until some time after the plaster was removed, the wound well washed, and a plaster of simple cerate applied. On examination I found a notable change in the appearance of the diseased part, and ordered the ointment to be used again the next night, and in the event of any delirium, to discontinue it as before; the effect was the same. I reduced the ointment to one half its original strength without any more unpleasant symptoms, the patient making a good recovery. It appeared from this circumstance as though the remedy possessed toxic properties.

Dr. Klein, in the *Gazette Medicale de Paris*, October 3, 1891: Says, First—Ichthyol undoubtedly exerts marked influence on the development of the micrococcus of erysipelas in the skin, which may be attributable either to the reducing action which this remedy exerts on the tissues, or to a direct action exerted on the pathogenic micro-organisms, or to both of the causes. Second—Treatment by ichthyol reduces the duration of erysipelas at least one-half. Third—Treatment need not be continued, as a rule, longer than three or four days; by this time, the disease is usually cured. Fourth—Under the influence of ichthyol, the disease follows a much more benign course.

Schneider (*Contrablatt fur Chirurgie*, No. 1518, 1892) states that he has employed Sach's treatment for erysipelas with almost universal success. This consists in applying beyond the involved areas a ten per cent. ichthyol collodion mixture. If the extremity is involved, this collodion is spread around the limb above the limit of the disease, forming a band about twice the breadth of the hand. It should be put on in a layer, so thick that after drying, it presents the appearance as though the limb were inclosed with a broad bandage.

In nearly all cases when the inflammation reached the border of this collodion layer it ceased to spread. Improvement follows in two or three days, the temperature drops and symptoms rapidly subside.

Dr. Radcliff, of Washington, D. C., says: "I am quite pleased with ichthyol as a local application in erysipelas:" says his plan is to order two drams each of ichthyol, lanoline and water, and have this applied uniformly over every part of the erysipelatous inflammation, ears, eyelids and all, and repeat this at least twice daily; in three days washing it off with a little tepid water, and with or without a little lather of fine quality of soap; it will be then found that the swelling has subsided and the erysipelatous process has been arrested, except perhaps on the extreme borders.—*Therapeutic Gazette*, May 16, 1892.

In the hospital at Copenhagen, Ulrich has employed cold compresses and applications of tar and ichthyol collodion which is made as follows:

R Ichthyol	5 parts.
Ether	5 parts
Collodion (flexible)	10 parts

He gives at the same time, internally, sulphate of quinine to reduce the temperature, and states that he thereby exercises a distinct influence upon the development of the disease.—(*Wiener Klinische Wochenschrift*, No. 29, 1892.)

Von Nusbaum states that in erysipelas ichthyol produces results obtainable by no other means, namely, the immediate arrest of the disease. His treatment was, first, the thorough disinfection and drainage of the wound, then, if the disease continued to extend, over its whole surface was spread a thick layer of ten per cent. ichthyolated cotton. The erysipelas advanced not a line further, and in a single day the swelling disappeared, and the red, shiny, puffy surface changed to a yellow-brown and wrinkled. This remarkable effect Von Nusbaum ascribes, not to the influence of the drug on Fehleisen's cocci, but to a change produced in the tissues, by virtue of which they cease to favor the growth of the micro-organisms.

PULMONARY TUMORS.

By E. S. McKee, M. D.
CINCINNATI, O.

A CASE of primary endothelial cancer (Lymphangitis proliferans) of the pleura is reported by Frankel¹. The differential diagnosis from carcinoma is made on the ground of the microscopic consistence. Primary lung and pleural tumors are fully discussed by Schwalbe.⁹

A cancer of the right bronchus just below its point of origin from the trachea is reported by Oesterreicher.² The tumor also extended some distance into the left bronchus and was ulcerated; near the tumor the lung had become gangrenous. From the position of the tumor the left bronchus had become a good deal narrowed. The parts of the bronchi below the tumor showed considerable dilatation of the veins. There was also compression of the superior vena cava, the aorta, and the esophagus.

Three interesting cases of lung tumors are reported by Frankel³ and the diagnosis of tumors of the thoracic cavity is thoroughly discussed by the same author.⁴

Signs of primary cancer of the right lung with co-existing Bright's disease was demonstrated by Leech.⁵ The lung was diminished in size owing to extensive pleuritic effusions. The pleura was much thickened and the lung infiltrated by cancerous growth. Secondary deposits were found in the left lung, the left supra renal, and in both kidneys, which also presented parenchymatous changes.

A case of primary encephaloid sarcoma of the lungs, an extremely rare disease; is reported by Vandervelde.⁶ At the autopsy the right lung, the surface of which was covered with soft yellowish material infiltrated with milky fluid, was friable and hepatized. It was infiltrated

with small round embryonal cells. In its centre, there was a large cavity, around which the cells had undergone mucoid degeneration. The cavity contained blood clots and pulmonary detritus.

Cases of carcinoma of the lung are reported by Klemperer.⁷ Hydatid cysts of the lungs is reported by Lavran.⁸

Hydatid of the lung is reported by McKenzie¹¹ which proved fatal after rupture into a bronchus, nine hours after treatment by aspiration. He had seen five cases during the last two years and queries whether hydatids were becoming any more common in that country (England).

Actinomycosis of the lungs and vertebral column is reported by Henck.¹⁰

Post-mortem showed an abscess cavity over the fourth to the eighth ribs on the left side, the muscles being destroyed and some of the ribs laid bare. Inside of the chest, and in a corresponding position, there were some puriform masses, and communication existed with the above named abscess cavity. Above the lung was adherent to the chest wall. The lower left lobe was airless and solid. The last two dorsal and upper two lumbar vertebrae were considerably destroyed, especially on the left side, and the pus contained the actinomyces. In sections from the lungs and the wall of the peri-pleuritic abscess, the ray fungus was demonstrated. It was also present in the teeth. The bronchial glands, liver, spleen, and kidneys were free from the fungus.

THE USE OF TANNIN IN PULMONARY TUBERCULOSIS.

(Extracted from *Annales de Medicine* and translated by E. W. Bing, Chester, Pa.)

I.

The experiments of MM. Raymond and Arthand, tending to show the effect of tannin, in rendering the organism

¹ Deutsche Med. Wochenschrift, Aug. 4, '92.

² Med. Press and Circular, Jan. 27, '92. Deutsche Medicinische Wochenschrift, Jan. 14, '92.

³ Deutsche Medicinische Wochenschrift, February 11, '92.

⁴ Deutsche Medicinische Wochenschrift, Dec. 10, 17, 1891.

⁵ Brit. Med. Journal, March 26, 1892; Medical Chronicle, June, 1892.

⁶ Epitome of Medicine, May, 1892; Jour. de Med. et Chirurgie, May, 1892.

⁷ Deutsche Medicinische Wochenschrift, June 2d and July 28, 1892.

⁸ Med. and Surg. Reporter, June 4, 1892.

⁹ Deutsche Medicinische Wochenschrift, Nov. 5, 1891.

¹⁰ British Medical Journal, July 16, 1892 Meun- chner Med. Wochenschrift. June 14, 1892.

¹¹ Brit. Med. Jour. April 16, 1892.

refractory to tubercular infection, have already been noticed. They are sufficiently demonstrative for us to refer to them again.

The rabbit is, as is well known, the most sensitive of animals towards the tubercular virus, so much so, indeed, as to cause some observers to take exception to the remarkable experiments of Villeniin. The animal is extremely susceptible, say they, but it is abundantly proved that it never becomes tubercular except by contagion. It is precisely this great sensitiveness of the rabbit which appears to us to give significance to the following facts: Three rabbits were given food, to which tannin was added, and three other rabbits had the same food, minus the tannin. The six were inoculated with virus from a guinea pig, dead a few hours previously from tuberculosis. The three rabbits of the second part succumbed, one rapidly from an intercurrent affection; the other two from tuberculosis, within three months.

The three rabbits of the first part, those who had had tannin, escaped.

These rabbits, and three fresh rabbits, were then inoculated with virus from a patient suffering from acute pulmonary tuberculosis. The fresh rabbits succumbed within the usual period of three months, whilst the twice-inoculated rabbits remained free from disease, and on being killed at the end of ten months, presented no tubercular lesions.

These experiments were repeated and confirmed.

A. Cecehrelli experimented on a different plan. Into a large dog he injected four grammes of an alcoholic solution of tannin of a strength of three to fifty. Immediately afterwards, he injected an emulsion of phthisical sputa, swarming with bacilli. The dog continued to take tannin. He did not become tubercular; yet, the same sputa, injected into a rabbit, gave a positive result. As it might be thought that the dog was less sensitive to the infection than the rabbit, Cecehrelli repeated the experiment with a similar result.

It may, therefore, be concluded that "tannisation" in doses well tolerated by the animal, does render it refractory and hinders the development of the tubercular virus.

II.

What, however, would be the action of tannin, administered not before, or even at the time of infection, but after it had already occurred; when, in fact, specific lesions already exist. In other words, what is the action of tannin on phthisics? Tannin has a favorable action on the digestive processes. It regulates the gastro-intestinal functions, it acts as an alterative on the bronchial secretions, it diminishes or stops expectoration and sweats, it is anti-parasitic, anti-bacillary, capable of rendering the soil refractory to tuberculosis. It acts in short, as a specific against Koch's bacillus. For these reasons, and thanks to its action on nutrition, it ameliorates at the same time the general condition. Arthand presents some statistics: Out of 1,263 patients treated by tannin 612 were discharged as cured (having regained their normal weight and presenting signs of pulmonary sclerosis), 239 improved. These results are more satisfactory than those obtained by any other treatment. De Marco, Herard, Darenburg, Boudet and others corroborate this statement.

III.

What are the effects of the "tannin" treatment?

Cough diminishes, expectoration becomes less, or ceases; sweats are arrested, the general condition improves, and this within a few days. In a short time weight increases, the gastro-intestinal functions become regular. The duration of treatment from the incubation of the disease to the time of cure is from four to five months (barring relapse from any cause).

The treatment is most effective in proportion as the attack is recent. In the invasion stage, cure may be considered as usual; almost the rule, in the primary or secondary stages. Unfortunately, patients are seldom seen at this period. Numerous cases are also at the *debut* of the disease. Of these the hereditary cases get well more slowly than the others presenting an equal amount of lesions. In the stationary period, out of 309 patients, Arthand had twelve deaths, 74 improved, 79 cured and 140 temporarily benefited.

He concludes that pulmonary tuberculosis may be cured when the anatomical lesions are not sufficient to bring about asphyxia or inanition. Under tannin the lesions cicatrize in a sensibly constant time, following the method of spontaneous cure. The improvement parallels that of nutrition.

Is the cure absolute? At present it would be venturing too far to affirm this. That is rather a work of time, hygiene and symptomatic medication. It is requisite, as in syphilis, to watch for relapses. The parasite is reduced to a harmless condition; it is not destroyed. Tannin does not extinguish the pulmonary signs; on the contrary, it develops them; it provokes, in a manner, reaction, determining the expulsion of the necrosed tissues.

IV.

What are the doses and mode of administration of tannin according to Duhoué? The tannin must be perfectly pure. Commercial tannin often contains a proportion of ether, which renders it difficult of toleration. This impurity may be avoided by using extract of catechu or rhatany. The dose should be from three to four grammes a day (minimum dose, two grammes); with tincture of the above drugs a double dose is necessary.

Arthand uses the following formulas:

1. R. Vinous solution
 Potass. iodid. 10 grammes
 Tannin (extr by alcohol) . . . 20 "
 Glycerin 150 "
 Alcohol 50 "
 Wine of "banyals" qs ad . . . 1 litre
 Dose: A wine-glassful after each meal.
2. R. Iodo-tannic solution
 Potass iodid 10 grammes
 (Or Tinct. iodine) 5 "
 Glycerine 200 "
 Alcohol 50 "
 A spoonful in wine before meals.

[The addition of iodine is useful as an aid to resolution of exudations, as an eliminator of necrosed tissues, as a relief in dyspnea, and as a anti-hemorrhagic.]

3. R. Electuary
 Tannin (pure) 10 grammes
 Honey qs
 For 20 boluses, 4 to 6 per day.
4. R. For children
 Fl. ex. Rhatany, 50 per ct. 30 grammes
 Syr. mulberries 250 "
 A coffee spoonful five times daily, with or without wine.

V.

It would be futile to believe that all that is necessary in phthisis is to give tannin. The treatment constitutes in some sort the specific medication, it is also necessary to follow out symptomatic treatment; the first is addressed to the bacillus, the second to the lesions. In addition to this a proper and sufficient alimentation is necessary to combat the progressive denutrition.

A LITTLE WHOLESOME ADVICE TO THE LAITY.

1. Leave your bedroom window open at the top, except in damp weather; the night air is purer than that of the day, despite the alarming fairy tales of our grandmothers; but, when you arise in the morning, close the window, and pull down the blind, until you are completely dressed.
2. Get your wife to tack a band of flannel, about a foot wide, on the inside of your undershirt, over the region of the kidneys. This will save many a cold, backache, and derangement of important organs. If you haven't a wife, get one.
3. If you will drink intoxicating liquors, do so only at the time of eating. This, at least, will mitigate the direct effects of alcohol on the lining of the stomach; for the presence of food causes the gastric fluid to flow, and this protects the delicate membrane. To avoid a bad taste in your mouth in the morning show your good taste in what you put in it at night. If the bad taste persists, and is not due to indiscreet eating or drinking, have your heart examined.
4. If you will smoke, give a better price for your cigars, and reduce the number. And do not smoke your cigars "to the bitter end," but throw the stumps into the street. The Italian gamins will gather them in to sell to the cheap cigarette makers; so you may some day meet your old flame again, under a different guise.
5. In partaking of joints, eat only the flesh and fat, cutting out the veins and other vessels. They are useless to the economy, and only give the stomach work that will not be paid for.
6. When, by friction of the surface of the limbs or body, little rolls of solid are produced, they are the *floatsam* of wrecked tissues, which encumbers the functions of the skin. Get a Turkish bath, and throw off your debris. You will then breathe through your whole body."

LOUIS LEWIS, M.D.

PRESCRIBING QUININE.

By T. V. CRANDALL M.D.

PHILADELPHIA, PA.

IT is well known by experienced physicians that quinine alone is often a relief only, and a disappointment as a cure for malaria. It also frequently occurs that the patient unfolds the prescription in the presence of the physician, and the latter is informed that quinine don't agree with the former, and he cannot take it or that he bought a hundred pills of quinine (?) for twenty-five cents and they did not do him any good.

For a number of years I have used the formula of pil, hydrastis quinine comp. No. 1 and No. 2. Almost invariably liver complications exist before the more pronounced symptoms of malaria appear, when I use No. 2 formula, which I give here first as they are so known in the apothecaries store.

R. Quinise Sulph. grs. ccc
Piperine grs. xxv
Hydrastine (Alkaloid) . . . grs. x
Strychnise Sulph. grs. ij
Hyd. Chlor. Mit grs. v
M. ft. pil. 100.

The No. 1 formula is about as good a remedy for the neuralgia resulting from malaria as any I have used; also as a tonic one three times a day. It is the same as above with the one-fiftieth of a grain of arsenious acid instead of calomel.

They are made and sugar-coated by the Mulford Company and have the advantages of uniformity, pure material, accuracy, and so far as the patient is concerned, a degree of secrecy, unless your druggist is too loquacious.

Clinical Lecture.

VENTRAL HERNIA.

[Clinical Lecture Delivered at the Jefferson Hospital, October 17th, 1893 by E. E. Montgomery, M. D., Professor of Clinical Gynecology, Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; Obstetrician to Philadelphia Hospital.]

GENTLEMEN:—The patient I bring before you to-day is a young woman who has twice undergone abdominal section in the wards of the Philadelphia Hospital, the second time at my own hands. The first operation was done for an attack of peritonitis, when an ovary

was removed, and the abdomen closed without drainage. She had a rather protracted convalescence, with want of union of the wound at two points, resulting in abscess cavities. When I saw her five weeks after the operation, she had been vomiting stercoraceous material for several hours and looked almost in a state of collapse. She was hastily cleansed, the abdomen opened in the line of the former incision, and some four feet of small intestine separated from extensive adhesions. A volvulus was found in the ileum, which was untwisted. In tearing up the adhesions, probably over one hundred places occurred in which the intestine was torn into the muscular layer. Some heavy braided silk which had been used to ligate the pedicle was removed from one side of the pelvis, and an ovarian abscess from the other. The abdomen was thoroughly irrigated and closed with a single row of sutures, the drainage tube being placed in the lower angle of the wound. The fluid poured into the cavity was not drawn off and the abdomen was subsequently irrigated with a boro-glyceride solution, leaving as much fluid within the cavity as it would retain. This was done with a view of having the intestines float in liquid, and thus prevent the formation of unpleasant adhesions. Twenty-four hours after the completion of the operation, the entire surface of the body was covered with traumatic purpura, giving an appearance as if all the capillaries had ruptured. She was exceedingly feeble, vomiting, and later there were copious discharges from the bowel of apparently broken down blood and debris. Notwithstanding this enfeebled condition she survived, but the convalescence was slow. For three weeks her pulse was not below 106; the greater part of the time between 140 and 190. She became greatly emaciated and later developed an abscess of the labium. The lowered vitality resulted in defective union, consequently we have had a ventral hernia. As she lies upon the table before you, you will notice there is quite an opening in the muscular walls, in which we have the intestines covered only by the skin and peritoneum through which coils of the intestines can be readily seen. The muscular wall is firm on either side. I propose to make my inci-

sion along the margin of one side in order to expose the muscle and aponeurosis. Opening the abdomen I find what I did not expect, that there are no intestinal adhesions to the line of union. In fact, as I move the intestines about, there is but one point at which a band, and that a single band, of adhesions is present. The intestines are particularly free from adhesions. The thin integument and peritoneum is cut out and an incision made through the connective tissue down to the muscle, dividing it into two layers. One layer with the peritoneum is closed by a silkwormgut sutures. Over this a second layer of silkwormgut is used, and finally in the adipose tissue the continuous catgut suture, closing the wound with silk introduced immediately beneath the skin, excepting at either end. Before introducing the sutures we examined the omentum, and found a number of openings in it, consequently a portion of it was removed, as it was not felt safe to permit the fenestrated omentum to be returned for fear a knuckle of intestine might slip through and become strangulated, producing an effect similar to that which might occur in hernia of the intestine through one of the outlets. The subject of ventral hernia is of considerable importance, as it is one of the most frequent lesions resulting from abdominal section. Where the wound is closed by a single row of sutures, the muscle and aponeurosis is not always brought in close apposition; the result is that the wound stretches, permits giving way, and the development of hernia. This may be simply at one point in the wound, or the entire wound surface may give way. The important structure in the maintenance of the abdominal walls is the aponeurosis and measures should be taken in all operations to see that its edges are brought in close apposition. I have been recently in the habit of introducing buried silkwormgut sutures, passing them through the peritoneum, muscle and the aponeurotic covering. These sutures are tied, bringing the edges of the aponeurosis in apposition, and are cut close and the wound superficially is treated by a second row of sutures, or as I have been doing of late, a continuous catgut suture, or what is probably preferable, the introduction of a buried

stitch immediately beneath the coreum of the skin, passing from one side to the other in the manner used by Marcy with the kangaroo tendon.

Lecture.

THE PHILOSOPHY OF MAN.

An abstract of a Lecture before the Garretsonian Society. Delivered at the Medico-Chirurgical College, Philadelphia, Nov. 14th, 1893.

By JAMES E. GARRETSON, A.M., M.D.

WHAT is philosophy? Is it aught but knowing? A person cannot become a philosopher unless he or she possess desire and means for investigation; and these are one with a spirit of inquiry.

Can man know anything truly? He can know his world. Man is identical with his world, and it, in turn, is identical with him; therefore, world being man, man is conversely world. What is found in one is found in the other. Understanding of one is identical with understanding of the other.

Man may know everything he is capable of knowing. This capability relates with a circle that is his world and which is in no sense complicated. Common sense is a very little part of a philosopher's sense; it is uneducated sense; it sees, hears, feels, tastes and smells; that is all.

Educated sense is one with inquiry: it infers analysis. The more a man is educated the more he analyses. Man knows up to his capability of knowing; hence, man's world is his capability, and his capability is his world. Capability is not as a straight line, else it would go on forever. There is a limit to capability, hence, it may be regarded as a circle being confined within itself and having nothing to do with that outside of itself it returns constantly on itself. God does not expect of a man anything outside of that man's capability.

Capability lies with a tripartite condition; viz; Man is consciousness, that is to say he is Ego; he is matter, as seen in his body; he is God, as evidenced by his soul. The tripartite fact is undisputable, nor is there to be found in man's universe what is not found with

him, viz: this trinity, and, therefore, we can find in the universe only God, consciousness and matter. There is a seeming paradox that here obtrudes itself. The great Spinoza once said to the learned Rabbis "your Bible teaches that in the beginning was God." "Of this," they answered, "there is no question." And He is omniscient," meaning by this that He occupied all space? "Not to be doubted," they said. Answer me then, —how could the God out of himself create a thing unlike himself? Here is pantheism in its essence. Do you think the great Spinoza grasped the right idea?

Can the gracious God, of whom I so love to speak, and on whose words it is delight itself to meditate, make a thing different from the material out of which it is made?

To say that a man is identical with God is seemingly not less atheistical than presumptuous, but in the Spinozian sense is anything else to be said?

But we are not to anticipate.

We are here this winter to get understanding of the circle of the man's universal, and to find freedom from confusions and doubt. Not coming to this, the lectures will have been in vain. We may know much if we will try to know.

The philosophy we study consists of a circle wherein all is light. He is a very nothing who is without ability to go 'round this circle, and he is less, if the thing be possible, who is without desire to go 'round it.

Sectarianism is the weakness of the day. It is one with difference. Can difference be truth? This we are, later on, to consider in connection with reasoning. To reason is to find understanding that is above reason.

The more a man is educated the greater becomes his thinking capacity. A man may become so educated that he may veritably perceive and walk with the God. We get to over thinking on baser things and, therefore, get away from the finer. Muscle is antithesis to spirit. One may think so intensely on God and things spiritual as to become God; this has long been understood. There is nothing natural that is not spiritual, and, conversely, there nothing spiritual

that is not natural. The two are one, yet antithetical. To know that we are spiritual and yet natural is to know that we are natural and yet spiritual. That natural and spiritual are one is to be proven in the course of these lectures.

Let just here a preliminary hint be directed toward mind.

What is mind? Has, for example, a baby mind? Does a baby know? Is it possessed of intelligence?

Mind, when analyzed, is found to be but a showing forth; therefore, the converse is true, he who has nothing to show forth has no mind. This is not to say he has not capability.

Look at an infant's brain; the circumference of it is almost void of convolutions. Take the brain of a philosopher or thinker; the gray matter here is in abundance and the convolutions excessive. Why is this? Do the gray cells expand when thoughts are thrust into them? By constant use the brain changes. The more thought the more change. No thought, no mind. Consciousness resides not with matter. *Brain is not thinker.*

No one knows what anything is from the common sense stand point. Educated sense is *the intelligence* as it is one with reason. Reason is one with comparison. Comparison is one with things to compare. Things to compare one with experiences.

Can a baby compare? Has it experiences? Is Reason on the other hand, to be accepted as the teller of truth? Is that truth which differs? Do not reasoners differ? Men because they differ in experiences, differ in reasoning. There resides neither with common sense nor educated sense ability to tell the reality of anything.

A baby's brain is like unto a flute. To have flute music it is necessary to have not only instrument, but score and player. A baby is not player, by reason of being without score to play. No mind is one with no music. Brain is instrument simply.

To be continued in next number.

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PHILADELPHIA, NOVEMBER 25, 1893.

MEDICAL STUDENTS AND MEDICAL COLLEGES.

BY this time, all our medical colleges in this country, with few exceptions are in full blast. From what we can gather, the attendance in the principal schools of our great teaching centres, is very much smaller than it has been for years.

New York, Pennsylvania, and other States have enacted laws, which must needs greatly reduce the number of students coming from neighboring states.

If there is anything that one abhors in this world next to being repeatedly

dunned for a bill, it is examination. Now, in New York or Pennsylvania, before one is fully equipped to practice, he must put up stamps, for ten examinations. When he faces homeward or seeks a new field, he must stand two or three more. He must go through another state ordeal; and then, before he will be admitted into his state society he must go through another before the censors. So that, by the time he is ready to hang out his shingle, he is a pretty well examined man, and his funds have run low. Ambitious and enterprising young practitioners, have taken advantage of this condition of affairs and opened new schools, in the younger states; and, are keeping the students at home.

Another cause, perhaps, has been the hard times, the great difficulty "in making both ends meet" in practice; besides, the general raise in students' fees and greatly lengthened terms. Probably, the most salutary move has been raising the standard, of preliminary education.

We have been repeatedly requested to advise, which city and which particular school is the best.

We must answer in reply, that with few exceptions, all our regular schools now, maintain a reputable standing; but, we wish to warn the novice that *no* school can *make* him. He must lay the foundation of his medical household with his own efforts. The professor is like a guidepost, to show the the way, he will teach. The student must grope along, over the the quagmires of complex and intricate problems by his own efforts; as, he alone can learn.

We may say to him, that while the profession of medicine is an exacting mistress she is a just and generous one, who will reasonably provide for the wants of him who is her patient, zealous, and industrious votary.

T. H. M.

Annotations.

LET US HAVE A CABINET PLACE IN THE NATIONAL GOVERN- MENT.

DR. C. H. Hughes, of St. Louis, president of the American Medical Editors Association, in his address at the Editors' Banquet in honor of the Pan-American Medical Congress, and published in the *Alienist and Neurologist* said that "as a physician, a practitioner of the healing art, a teacher of medicine in school and with journal, I dare to proclaim that the wisest and best thing this Government can do, both for its present and future welfare, for its perpetuity and growth among the nations, the most powerful, most beneficent and grandest of governments, would be to create a Bureau of Sanitation not merely to keep out foreign epidemics of contagious diseases, but a psychical and physical sanitation of the many forms of disease of body and mind known to science and modern medical progress, and recognize the profession of medicine as it does that of law, of agriculture and arms, by giving the most distinguished and capable of its votaries a proper and deserving place in the Cabinet of the Nation."

EUCALYPTUS INUNCTIONS IN MEASLES.

AN article in the November *London Practitioner* by C. E. Shelley M. A., M. D. relates his experience, during the height of an epidemic of measles, with inunctions of oleusaban, a special preparation of eucalyptus. Five cases were treated as they were admitted to the hospital in a separate ward. The inunctions were applied night and morning over the surface of the body, and the eucalyptus emulsions given internally, and some of the liquid placed in saucers about the room. The results were as follows: Great drowsiness—sleep most constant.

Suppression of cough first three days. Patients not thirsty, little discomfort of any kind.

Three had muco purulent conjunctivitis, all had thickly coated tongue with a white fur.

Delayed appearance of rash.

Temperature remained 102°—104° F. for four or five days before rash appeared. When rash appeared it was very copious; much raised, and of a notably dusky tint.

Laryngeal and bronchial catarrh developed with loss of voice in two cases.

Pneumonia in one case.

Convalescence more tardy than usual.

Desquamation free, and for a long period.

These untoward effects caused the abandonment of the treatment by oleusaban in other cases.

Letter to the Editor.

Allow me a little space for a few words in your journal by way of explanation suggested by your editorial remarks upon my letter entitled "A Plea for Professional Protection, and that Physicians Would Furnish their own Medicines," printed in issue of November 4, 1893.

In speaking of legislation for suppression of quackery, I thought that Congress could possibly make laws to suppress it and succeed, where individual states have failed.

In your editorial I fear that in one respect you do not understand me, that you failed to understand the wording of my letter in one important particular, which, I confess, could have been expressed by me more fully, though I thought my expression would be understood, and it taken for granted that the physician in this enlightened age would avail himself of all improvements. You will notice on page 99, upper part of second column, that in speaking of medicines, I say, "Now that the preparations of medicine has become so perfect, the drug stores are not needed." I thought that anyone would understand that I referred to retail drug stores, not wholesale drug stores and manufacturing chemists, such as P. D. & Co., and S. & D., etc. In using the last quoted sentence I thought anyone would understand that the words "improvement in medicines," used in connection with the mention of the old time preparations meant all of the improvements in chemistry, and in the preparation of medicines, by the most approved modern machinery

and manipulative skill, enabling us to have the best prepared extracts, alkaloids, and all of the improvements in sugar coating, pills, granules, tablets, &c. This is the improvement that now renders it possible for physicians to do away with the old time preparations, and enables him to furnish his own medicines. Therefore, I do not wish to be understood, that I did not favor the use of hypodermic syringes and tablets any more than I meant, when saying that a physician should use his own medicine, that he should go in the forest, collect roots, etc., and make teas, in place of using fluid extracts made by the best machinery.

My term "improvement in medicines," of course, includes the indispensable granule list. I would not do without the granules. I have found *great* success in treatment, and a great saving in trouble and expense by using Dr. W. C. Abbott's granules. To make myself clear as to proprietary compounds, I meant all articles that push themselves between the physician and patient by their labels, indicating diseases for which they are suited, and so worded as to teach the laity to use them without a physician. For instance, if I prefer the granules sold by Dr. Abbott, Ravenswood, Ill. this is according to my fancy or experience. I only use his name in order to get the preparation desired, or, if I prefer a fluid extract of ergot by P. D. & Co., or ergotole by S. & D., I order these articles by manufacturer's name, but these preparations are not in the shape of a ready made prescription, neither are they labeled for use by the laity. The maker's name, such as Squibb's Ether, or Powers & Weightman's Quinine only shows reliability and purity, but they are standard preparations, and do not vaunt themselves before the public. I think the U. S. Dispensatory will and should enable us to draw the line as to proprietary medicines. It should contain all medicines used that are good, and then let the individual manufacturer's skill determine whose name shall be used in ordering. Take Fluid Extract Squill Comp, it is a standard preparation, though one might prefer the preparation put up by P., D. & Co., and another that put up by S. & D. Now if either one of these firms should put up this medicine, mentioning all the

diseases for which it could be used, and push it under their trade mark, as a superior cough medicine and expectorant, then the physicians, according to the meaning in my letter, should discountenance this preparation by said firm, and order by name of a manufacturer who only uses his name as maker to profession to insure purity, etc.

You say in your editorial that "there may be occasional prescribing over the drug store counters." I will leave this question to the vote of the profession, believing that if each doctor will state whether or not to his knowledge, there has not been counter prescribing, or refilling of prescriptions, either in his or a brother physician's practice, and I venture to assert if all would speak, there would be a large majority on side of finding fault with drug stores in this particular.

You say in your editorial "It is always safer that a prescription should go through at least two hands before it is compounded."

A doctor must not make a mistake. Surely a physician should be as competent to compound his medicines as he is to diagnose and prescribe.

If it should always go through at least two hands, how can a doctor safely leave a line of granules for patient's use at night, without the assistance, aid and protection of the druggists? There are many good druggists though, as my letter expressed it. I think that physicians should work for one another and not for the drug stores.

TRANSYLVANIA M. D.

[The letter was not misunderstood. The substance was acknowledged to be good and worthy of consideration by the profession. We did not suppose the writer intended to class the manufacturing chemists with proprietary manufacturers. We drew the point out to avoid the danger of confounding the two. We reiterate the statement that a prescription should go through at least two hands—the second hand need not necessarily be a druggist; granules and tablets are not prescriptions in the present meaning of the term. Competent physicians error in diagnosis and treatment, so they do occasionally in prescriptions. We all are but human.—Ed. T. & R.]

A MEDAL AWARDED TO THE BOSTON CITY HOSPITAL.—A medal has been awarded the Boston City Hospital for the completeness and excellence of its exhibit at the World's Fair.

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CAN you give me the address of an active physician, that would like to take a half interest in a paying Sanitarium. The one-half profits are from four to six thousand dollars per year and only a small amount of capital required, not exceeding \$1500 to buy half of the fixtures.

Position open until the first of January. The business can be increased to double the amount. A thorough scholar required, well up in modern medicine, experience not essential. Cases of alcohol, opium and cocaine are treated, and also electricity applied in all of its modern forms.

If you know of a good man with temperate habits, I can put him to work at once.

A. E. B.

Care of TIMES AND REGISTER

ENURESIS.

MY son, thirteen years of age, suffers from incontinence of urine (nocturnal only), and I have exhausted my skill to very little purpose; obtaining only temporary and very uncertain results. He is a little under sized; and, though very active, keeping well up to his schoolmates in studies and in their games and sports, yet has that diffidence and averting of the eyes characteristic of these cases. I do not know if the following conditions obtain in all cases of incontinence, but in his case his first sleep at night is very profound, and, no matter how thoroughly he may have emptied his bladder on retiring, within an hour

or two he will wet the bed; or, if he is roused, will void a large quantity of urine; he returns to his bed, and there is no further danger that night; he will go through the night without further micturition.

As in these case he inclines strongly to lie upon his back, with knees more or less drawn up, and, if roused and turned upon his side, will shortly on going to sleep come back to the same dorsal position. I am at a loss to account for the abundant secretion of urine during the first hour in bed. It beats me and I have studied over it constantly. I was never troubled myself when a boy, nor was any of my brothers or sisters, neither my wife or her family, but my son by another wife was troubled occasionally in this way when quite young, say, up to five years old. I do not know just when he recovered fully, as he went to live with my brother in Mississippi at that time. As you may suppose, I have tried every remedy that has that has recommended itself to my judgment as offering any hope of success, but I have not made a slop-hopper of his stomach, I have not omitted the use of strychnine as a nerve tonic; in fact, I believe that was my first effort. Now, doctor, if you can, and are inclined to throw the light of your experience and skill on this case, you will confer a great favor on me, as you may readily believe, whatever the result may be.

[(1). Insert an acorn-pointed flexible sound in the urethra; and, if the mucosa be unduly sensitive, inject bismuth subnitrate, dry, or mixed to creamy consistence with water, every day until the abnormal sensitiveness has disappeared.

(2). Give a full dose of atropine, enough to dry the throat and dilate the pupils, or, what I believe to be better, hyoscyamine, at or shortly before bedtime.

(3). Fasten a walnut in a broad flannel belt, arranged so that when he rolls over on his back the nut will bump his spine and either wake him or make him turn back to his side.

(4). Let him sleep on a hard bed, not too warm.

(5). See that the prepuce is retractable and does not conceal a mass of smegma; a common source of irritation.—W. F. W.]

DEAFNESS.

I CONSIDER the Bureau of Information a valuable department, and for the first time avail myself of the opportunity of asking a question.

My wife, age forty-one, mother of two children, always been healthy, never had scarlatina, diphtheria or any serious illness; never had catarrh to any extent. Eight or ten years ago she began to notice that her hearing was slightly defective. This gradually grew worse until two or three years ago, it became so marked that she could not readily hear ordinary conversation, or a lecture or sermon by an ordinary speaker.

Since then the difficulty has remained about stationary. About that time she complained of ringing sounds in the ears, and after consulting a specialist, I practised inflating the eustachian tube with a politzer bag, which seemed to relieve that trouble, but did not improve the hearing.

Later I took her to another specialist, and under him she took a course of treatment with little or no benefit, unless, possibly, the disease was arrested.

Perhaps I ought to state the pathological conditions: There are no evidences of catarrh, the drum is intact, with no appearance of disease except a thickened and dull appearance of the membrane. The specialists who were consulted, did not give much encouragement as to a cure.

Now, I would like to know what you think of the case, and *especially* if there is any appliance which is so small that it will not attract marked attention, and still collect the sound waves to a sufficient degree to aid her in hearing a public speaker or ordinary conversation. She is too sensitive to use a large trumpet, but has been anxious to use something. She has heard of Peck's patent ear drums, but with the membrane intact, I can conceive of no benefit from such a device. I see in a catalogue cuts of "silver cornets," which are small.

If you know of anything valuable, please inform me and oblige.

A. B. Fitch.

[If the deafness be due to thickening of the drum, why not try the application of glycerine to it; a few drops every night. I do not know if aural surgeons cut away a thickened drum and replace it by an artificial one, more pervious to sound-waves, but such an operation ought to be available.

There is a little instrument that fits into the ear, and is said to be quite useful. It does not project beyond the concha. I procured a pair for a patient

some years ago, and they proved satisfactory. Write to Snowden, 1107 Walnut St., Phila., about them.—W. F. W.]

SMALL POX AND VACCINATION.

AS small pox is becoming prevalent in many localities will you at as early a date as possible kindly give us an article through the TIMES AND REGISTER, on the prevention and best methods of treating that disease and also on vaccination, methods effects, etc. and oblige,

AN OLD READER.

DECATUR, O.

[Since receiving the above the editor has been trying to obtain something new on the subject of small pox from observers in localities where this disease has broken out recently, but, so far, his efforts have been in vain. It is possible something relative to the late epidemics may soon be sent in which will merit publication.

If one peruses such works as "Pepper's System of Medicine," "Keating's Cyclopaedia of Diseases of Children," and later editions of our text books on medicine, he will find at length admirable articles on the subjects of variola and vaccination, which want of space forbids extensive quotations here.

Regarding preventative treatment of this disease it is almost needless to say that strict quarantine of the patients afflicted is necessary, that good cleanly surroundings, well ventilated rooms in an upper part of the house and careful nursing should be obtained. Diet should be light yet very nutritious. During the stage of suppuration a severe drain upon the system is present and stimulants may be required. While it has not yet been proved that any drug has a specific action on this disease, yet, several have claimed that antipyrine or acetanilide have extremely beneficial influence. That they should be administered with caution, when the system is weakened, goes without saying, for everyone knows the depressing effects of this class of remedies.

In general this disease may be treated as any other contagious disease, scarlet fever for instance, the differences in onset, complications and sequelæ, of course, being noted. When severe nervous symptoms manifest themselves during the stage of invasion, chloral and bromides are often valuable. If the temperature be high acetanilide and sponging with tepid, antiseptic water may be of benefit, supporting the heart the while. For the vomiting cocaine in small doses has been tried with benefit. Other gastric sedatives are also beneficial. During the period of eruption relief of the irritation to the skin and mucous membranes is necessary. This may be accomplished by cloths wet with warm water spread over the arms and face. The important point is to prevent pitting and to do this the patient must be kept from scratching or abrading the pustules. It may be considered advisable to paint the surface of the face and hands with white lead—this drying leaves the surface protected from the air and prevents itching. Collodion may be used in place of the white lead. Of course it will not do to interfere with the excretory functions of the skin entirely, but small localities may be painted without harm.

Carbolated zinc ointment has been used with benefit to allay irritation and heal the pustules.

As the pustules approach maturation the physician must be on the watch for any symptoms indicating failure of development, and stimulate such. Attention to regulating the bowels and such hygienic indications as required from time to time must be kept in mind. Returning to the preventative treatment, other members of an afflicted household must be promptly vaccinated, and re-vaccinated if necessary. This can be best done by fresh humanized lymph which is more rapid in action, and, hence, more certain of success in prevention than bovine lymph.

VACCINATION.

The term vaccination is derived from *vacca* "a cow," on account of the discovery, by Edward Jenner, that small-pox could be prevented by the inoculation of cow-pox, a similar disease of lesser intensity, but which renders the person having had it proof against the contagion of small-pox.

The lymph for inoculation is generally obtained from calves, bred for the purpose, and consists of the serum from the vesicles appearing in cow-pox. As now obtained the lymph is taken on quills or ivory points from the vesicles, dried and sold for use. Generally speaking the fresher obtained the better, but a point should not be over seven to ten days old, at the most, to insure any degree of success.

The part to be vaccinated should be bared, scrubbed thoroughly with castile soap and water, the points of the vaccinator should be placed in hot water to sterilize them, and then a series of scratches made in the skin, enough to draw a little oozing of blood and serum.

The lymph end of the vaccine point, having previously been dipped in tepid water, is then thoroughly rubbed over the denuded spot, and this is allowed to dry before replacing the garments over the parts. It has been my practice to place over the spot a little clean muslin, secured by a strip of adhesive plaster, to prevent soiled garments from inoculating the wound with dirt or septic matter. I have generally found the vaccine to "take" better when this was done. Three to six days is required for vaccina to develop in successful cases. The operation is more apt to succeed when epidemics of small-pox are about. As a rule once in seven years the operation should be repeated. The first manifestations of vaccina from inoculation as above described are a small hard pimple at the point of inoculation about the third day; two days later this becomes a vesicle; in another day it has become umbilicated and divided into eight or ten cells like the small-pox vesicle. In eight or nine days complete development has been attained, the vesicle is full of fluid and raised above the surface of the skin. At this point or earlier lymph may be taken for other inoculations if desired, but by no means any later. The next phenomena are the inflammatory redness about the vesicle and the pustule, or suppurating process within the vesicle.

The areola attains a diameter of two or three inches, bright red in color. The arm or part vaccinated, is painful, feels heavy and lame. The adjacent lymphatics are swollen, constitutional symptoms appear, headache, chills, fever and general malaise. After the tenth day there is rapid decline of symptoms.

If no septic material has been inoculated the recovery is uneventful. For fuller descriptions the inquirer is referred to the above mentioned works.

—Ed. T. & R.]

OBITUARY.

SIR ANDREW CLARKE

Sir Andrew Clarke, the well-known physician, died November 6th. He suffered a stroke of paralysis several weeks ago.

Book Notes.

AN OUTLINE OF THE EMBRYOLOGY OF THE EYE, with illustrations from original pen drawings by the author. By Ward A. Holden, A. M. M.D., New York, N. Y. G. P. Putnam & Sons, publishers.

This book, the substance of which took the Cartwright prize for 1893, consists of a study of the embryology of the eye from the standpoint of chick and pig-embryos, with illustrations well executed. The work is neatly and prettily bound and well adapted to those wishing to make a special study of the eye.

EXERCISE FOR PULMONARY INVALIDS. By Charles Denison, A. M., M. D., Denver, Col. Published by Chain & Hardy, Denver, Col., 1893. Price 35 cents.

The above named work is the contents of a paper read before the Medico-Climatological Congress, at the World's Fair, June 1, 1893. It is well illustrated, neatly gotten up, and gives some excellent rules for living in open air, and combining with it methods of proper exercise for persons afflicted with, or having a tendency to pulmonary disease.

The brochure is well worth the small amount charged.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket and Pencil Loop. Price Post-paid, \$1.00. Published Annually by the ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for thirteen months from the first of any month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records.

There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has the usual printed matter, such as: Dose List; Poisons and Antidotes; Urinary Tests; Exanthematicæ; Disinfectants; Weights and Measures. The book is seven and a half inches long and three and a half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

THE PARLIAMENT OF RELIGIONS.

We take great pleasure in announcing to our readers the early publication of a work interesting and valuable to all, "The Parliament of Religions" at the Columbian Exposition. Will be issued complete in one large octavo volume, and will be a careful compilation of all of the proceedings---at once a fascinating story and a book of universal value. A narrative of the grandest achievement in modern religious history. The book contains origin of the Parliament of Religions; proceedings of every meeting of the Parliament; speeches delivered and papers read at every session of the noted gathering; the beliefs of the various religious denominations; opinions of eminent divines in regard to the Parliament; influence of the Parliament upon the religious thought of the world. Published by F. T. Neely, Chicago. 1000 pages. Price: Cloth, \$2.50; Full Sheep, \$4.00.

Books and Pamphlets Received:

OPERATIONS FOR APPENDICITIS WITHOUT REMOVING THE APPENDIX. By James M. Barton, A.M., M.D., Philadelphia, reprinted from the Transactions of the American Surgical Association, 1893.

ENTERECTOMY FOR OBSTRUCTIVE EPITHELIOMA AT THE ILEO-CÆCAL VALVE; SECONDARY ANASTOMOSIS OPERATION BY ABBE'S LONG INCISION. By James M. Barton, A.M., M.D.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, Ninety-Fourth Annual Session.

A NEW METHOD OF DIRECT FIXATION OF THE FRAGMENTS IN COMPOUND AND UNUNITED FRACTURES. By Nicholas Senn, M.D., Ph. D., LL.D. Chicago. Reprinted from *Annals of Surgery*, August, 1893.

The Medical Digest.

THERAPEUTICS.

Papayotin and Carbolic Acid in Diphtheria.—Levy and Knopf have carried out experiments to show the solvent action which the ferment papayotin has upon diphtheritic membrane. This they found considerable; and by combining it with an antiseptic such as carbolic acid, the latter was enabled to penetrate more deeply, in its turn destroyed the bacilli, and gave an opportunity to papayotin to weaken the chemical poison produced by the bacilli. The addition of carbolic acid to papayotin does not destroy its digestive power. The solution used therapeutically consists of ten per cent. papayotin and five per cent. carbolic acid, and is applied by brush to the membrane every ten minutes for the first two hours, and after that every two hours as much as possible, and likewise during the night. More recently they have made experiments with the non-poisonous thymol, instead of carbolic acid, in solution 2 in a 1000, and have had satisfactory results.—(*Berlin. klin. Wochenschr.*, No. 32, 1893.)

The Hygienic Value of Peroxide of Hydrogen.—Chemists have at last discovered a sphere of utility for peroxide of hydrogen beyond that of conferring the golden hue *a la mode* on jet black tresses. According to *Nature*, Van Tromp has discovered that one part in ten thousand of peroxide of hydrogen in water, if shaken up and allowed to stand for twenty-four hours, is usually sufficient to sterilize the water. Althoefer, however, considers that one part in a thousand is nearer the mark. Experiments made with waters purposely infected with cholera and typhoid bacilli respectively showed that in both cases these organisms were destroyed after twenty-four hours by this proportion of the salt. Moreover the addition in no way interferes with the dietetic qualities of the waters, provided, of course, that all traces of the poisonous chloride of barium employed in the manufacture of the peroxide have been removed. Moreover it is essential that the sample should be freshly prepared, as its strength, and conse-

quently its bactericidal power, is reduced when it has been preserved for some time. With this proviso, peroxide of hydrogen would appear to be a very useful agent to employ for household purposes as a protective measure during epidemics of typhoid fever, cholera and the like. Personally we should not feel certain of immunity unless we had boiled the water before, and filtered it after, the admixture with the peroxide, and then perhaps our readers would opine that its addition was superfluous.—*Med. Times and Hosp. Gazette.*

[What is this? If we boiled the water before, and then run it through the ordinary filter after the admixture of peroxide, we would feel confident that either the filter would become sterilized, or that the water would need reboiling after such a process. We certainly fail to see any necessity for filtering boiled water, which has been properly confined, much less the need of adding thereto peroxide of hydrogen, whatever value the latter may possess in sterilizing unboiled water.]

Action of Iodoform on Pus Microbes and on the Leucocytes.—Maurel, who is well known by his researches on the leucocytes, has undertaken to solve the problem, why iodoform, which is so efficacious in preventing or suppressing suppuration, should apparently have so little action on the pyogenic staphylococci.

Maurel subjected both the leucocytes of human blood and cultures of the staphylococcus to the action of iodoform in varying proportions and under varying conditions. His conclusions are as follows:

(1) Iodoform attenuates the virulence of the staphylococcus. While in the virulent state, this micrococcus kills our leucocytes in less than two hours—when it is subjected along with the leucocytes to the influence of iodoform, the latter preserve their movements for eight hours, at least, and even complete their evolution.

(2) The staphylococci which have thus lost a great part of their virulence (and to such a degree that they are seemingly devoured by the leucocytes with impunity), keep all their reproductive energy

unimpaired, so that virulence and the power of reproduction are independent properties.

A final conclusion is deduced that it is in both these ways—by augmenting the energy of the leucocytes and attenuating the virulence of the pus microbes—that iodoform opposes suppuration, which is, in the language of bacteriology, a massive slaughtering of the leucocytes. These teachings are in harmony with clinical experience as to the benefits of iodoform in preventing or arresting suppuration.—*Boston Medical and Surgical Journal*

Cocaine in Smallpox.—Dr. Saymoa, of Guatemala, after using this alkaloid in several cases of smallpox, states his results as follows:—*La Esc. de Med.: Med. Age.* Cocaine given continuously from the beginning can completely abort the disease. If given after the eruption has appeared, it will transform confluent or hemorrhagic into discrete forms. Sometimes when the cocaine is given from the beginning of the disease, the eruption assumes a *corneal aspect* and the pustules fall very soon. Cocaine prevents suppuration, hence there is no secondary fever, and no marks remain on the skin. To obtain these results it is necessary to give cocaine as soon as the initial symptoms appear, and it must be continued without interruption. The best preparation is the hydro-chlorate, and should be continued five or six days or even nine if necessary.

Losophan in Dermatology.—Losophan is described as a stimulating topical application which acts also as a detergent and a parasiticide. It has great power to arrest the development of bacteria and to destroy a great variety of viable disease germs. This quality is due alike to the richness of losophan in iodine and to the fact that its basic component is creosote, the chemical name for the new remedy being triiodometacresol. Therapeutically, losophan exerts a favorable effect in the parasitic affections of the skin of most common occurrence, such as herpes and pityriasis versicolor, as well as in cutaneous diseases due to the action of animal parasites. In some of these cases a complete cure has been obtained. Losophan

has, also, successful results in prurigo, in chronic infiltrated eczema, sycosis vulgaris, acne vulgaris and rosacea. Its use seems contra-indicated in all acute inflammatory diseases of the skin in which it naturally provokes some irritation since it relies upon its stimulating powers in inciting a return of the skin to its normal condition. In all mycotic conditions losophan has been very successfully employed.

NEW PREPARATIONS.

Experiments with a New Diuretin-Preparation* (Theobrominlithium—Lithium salicylicum).—In January, 1888, in the Copenhagen Medical Association the lecturer reported on some clinico-therapeutical experiments with caffeine-paraldehyd and diuretin (on the basis of W. von Schroder's experiments on animals) and published his further results in the *Therapeutischen Monatshefte* of January, 1890. The usefulness of diuretin was later on confirmed by many authors, but still the high price of diuretin prevents this real diuretic from coming into general use. Experiments with a new theobromine combination—theobrominlithium—lithium salicylicum—have shown that this preparation is much more easily absorbed than the ordinary diuretin and that the therapeutical effects are obtained with smaller doses (3—4 gr.) just as well, or perhaps still better than with diuretin (6 gr.); the same therapeutical results are thus obtained with a saving of about twenty per cent.

As some patients have an idiosyncrasy for salicylic acid and its preparations, the lecturer tried how he could get on with the corresponding benzoic acid combinations; theobrominlithium—lithium benzoicum—did actually yield very good results, patients who could not support the salicylic acid compound, supporting this combination.

The dose of lithio-diuretin is 3—4 gr. daily; which is also the dose of benzoilithium.

* From a report of a lecture held in the Copenhagen Medical Association on the 21st of March, 1893, by Dr. Chr. Gram, Copenhagen.

MEDICINE.

Syphilis Among the "Cliff Dwellers."—While in attendance at the World's Fair, among other places of interest and instruction, I visited the Cliff Dwellers' exhibit. In what they term the Museum, I saw, among other things, a number of skulls, well formed, showing a remarkable degree of intelligence. The hair shown was long, of a light brown color, and very fine in texture. On the side of one skull was seen a patch of necrosis, showing unmistakable signs of its being of syphilitic origin. As I stood transfixed before that silent monitor, the thought flashed across my mind, surely that old gentleman was not far wrong when he exclaimed, "There is nothing new under the sun."

Syphilis is a hackneyed subject, been worn threadbare by every "phool" in the country for the last twenty-five years, a subject upon which volumes upon volumes have been written, yet perhaps "The half has never been told." Who knows? Echo answers who!

Here we have confronting us the ocular demonstration of the existence of a people, by far the superior, intellectually to the Red Man of the plains of our own time, of whose history we actually know nothing. They may have lived, flourished, and died centuries before Columbus ever thought of there being a continent existing towards the setting sun, handing down to future generations the evidence of being contaminated with one of the horrors of what we are pleased to term "Our modern social evil."—Dr. Geo. McClean, in *Kansas City Medical Index*.

The Typhus Bacillus Discovered.

Professor Dr. Fraenckel, of Berlin, announces that he has discovered a typhus bacillus; and that by using this bacillus in vaccination, he has produced a rapid, benign course of the fever. Professor Dr. Rumpf has cultivated an anti-fever bacillus which, he says, will cure typhus in eight days.—*Sanitarian*.

Bacteriology of Cystitis.—At a spring meeting of the Gesellschaft der Aerzte in Zuerich, Dr. A. Huber (*Correspondenz-Blatt fuer Schweizer Aerzte*, October 1,

1893, p. 659) has communicated the outcome of his bacteriological examination of the urine in six cases of cystitis. All the cases showed a common feature in the presence of this or that pathogenic microbe in "pure cultivation (*Reincultur*). In one of the patients the urine proved to contain the ordinary *streptococcus pyogenes*, while in the remaining five the author found rod-shaped microbes alone. In some of the five cases the bacilli most closely resembled, or, perhaps, were identical with, the *bacterium coli commune*, while in others some yet unknown species were discovered. All the micro-organisms proved highly pathogenic in mice, guinea-pigs, and rabbits. It is worth while, however, to mention that the author's attempts to induce cystitis in rabbits (by the inoculation of the bacilli) invariably failed.—*Provincial Med. Jour.*

OBSTETRICS AND GYNECOLOGY.

Bi-manual Signs of Early Pregnancy.—In an interesting article in the November number of the *New York Journal of Gynecology and Obstetrics*. Dr. R. L. Dickenson concludes as follows:

We offer, then, tentatively, *six bi manual signs of early pregnancy*. Stated in the order of their appearance and importance, and in the order of the frequency with which they are found, they run as follows,—except that compressibility of the isthmus and the change in consistency of the body possibly outrank the rest:—

1. Bellying, or bulging out of the body of the uterus.
2. Elasticity or bogginess of the body of the uterus.
3. Compressibility of the lower uterine segment.
4. The transverse fold.
About four to six weeks.
5. The longitudinal fold or furrow.
6. The denser spot.
About six to eight weeks.

CHILDREN'S DISEASES.

Differential Diagnosis of "Scarlet Fever and Rotheln."—(*Scarlet Fever*)
—1. Patient feels ill. 2. Initial fever lasts one week at least. 3. Period of in-

cubation, as a rule, from twenty-four to seventy-two hours. 4. Submaxillary glands, as a rule, enlarged. 5. Tongue strawberry-looking, red papillæ showing through the fur. (*Rotheln*)—1. Patient scarcely feels ill at all. 2. Initial fever lasts three or four days. 3. Period of incubation most commonly about eighteen days. 4. Glandulæ concatenatæ, as a rule, enlarged, but not the submaxillary. 5. Tongue almost natural.

As a physician remarked to me, the rash and peeling cannot be considered as diagnostic points.

—F. P. Atkinson in *London Lancet*.

Operation for Umbilical Hernia on the New-born Child.—Berger successfully operated on a female child thirty hours after birth. The infant was born strong, breathing well. The umbilical hernia was of the size of a small hen's egg, and covered by the membranes of the cord. There was a distinct neck or pedicle as thick as a forefinger, made up of integument alone, which was united to the membranes by a deep groove.

The lower part of the hernia was reducible, and the sac was there transparent.

Coils of small intestine showed through it; they could all be pushed back into the abdomen. The upper part was irreducible and in close relation with the vessels of the cord. After birth the hernia and abdomen were well washed and dressed with iodoform. On the next day the hernial sac was opened, and the small intestine reduced. The irreducible portion consisted of the cæcum, the appendix, and about one-third of the large intestine, all intimately adherent to the membranes of the cord. A layer of these membranes had to be detached and reduced, together with the bowel. This manœuvre could not be done until a free incision had been made along the median line, as in abdominal section. The sac was excised. The peritoneum, the aponeurosis, and the skin were separately sutured. The operation lasted an hour and a quarter. The sutures were removed on the tenth day; recovery was complete at the end of a fortnight.—*Nouvelles Archives d' Obstet. et de Gynecologie*.

NOTICE.

In response to the many requests from those who failed to see our stupendous offer in time during October, we have concluded to reopen it until January 1st. Whoever will send us one dollar before January 1st, can have the *TIMES AND REGISTER* sent to their address weekly (U. S. or Canada) during 1894.

Advertisers Warned.—*The Doctor of Hygiene* deprecates the tendency among some advertisers to place their business through advertising agents. Medical journal advertising should be done by direct correspondence with the several journals. Experienced advertisers generally know this. Others find it out by an experience more or less expensive. A medical journal advertising agency is a useless factor, drawing money from the advertiser or the journal, and making no return. We have in mind a vicious example of this sort, where an active man is traveling over the country and representing, or rather misrepresenting, himself as able to secure advertising space in medical journals for greatly reduced figures, and at the same time, secure the influence of the journals for his customers. Now it goes without saying that every journal that has been jeweled down by this "go between" will remember it, and sooner or later will get even, both with the tricky canvasser and the illiberal advertiser. A glance at the medical journal files of to-day will show how injurious this system is. Obscure publications, of problematic value, who pay a commission to the agency of 40 to 50 per cent., are loaded with advertising, while others of great value and influence, who do not contribute to the support of parasitical agencies, are neglected. For example, Tilden & Co.'s trade organ might be compared with the *University Medical Journal*, not that there is any comparison, excepting the one is the recipient of advertising favors from a medical journal agency, and the other has been emancipated from what would probably have ruined it beyond repair.

MR. ERNEST HART, editor of the *British Medical Journal*, in an address to the Section of Public Health of the

Academy of Medicine, New York, advanced some rather interesting ideas upon cholera. In England, he said, quarantine was being less and less relied upon, while the Americans are, perhaps, looking upon it as a sure means of keeping out infection and contagious diseases and of warding off epidemics. The speaker said: "You can eat cholera, you can drink cholera, but you can't catch it, even if you run after it. The safest place in a cholera epidemic is a cholera hospital. If I were to put a cholera hospital in New York I would set it down right in Fifth avenue. It would make a panic, stir up the authorities to keep the Croton clean, the drain pipes clear, and the sewage connections perfect. You put your cholera patients away off on islands. This ought not to be." Mr. Hart said that there was no word in the English language more blessed than cholera. In explanation, he stated that the fear of it had saved thousands of lives and brought about better sanitation; better water, cleaner homes and purer air.

—*Gaillard's Med. Journal.*

Changes in the Medical Corps of the United States Navy for the week ending Nov. 11, 1893:—Surgeon Wm. Martin, ordered before the Retiring Board. Pd. Asst. Surgeon, N. J. Blackwood from Navy Yard, New York and to Norfolk Hospital. Pd. Asst. Surgeon, T. C. Craig ordered to Navy Yard, New York. Pd. Asst. Surgeon E. P. Stone, from Navy Hospital, Chelsea and to Mar. Rendezvous, Boston, Mass. Pd. Asst. Surgeon, G. B. Wilson from Marine Rendezvous, Boston and to the Naval Hosp., Chelsea, Mass. Med. Insp. B. H. Kidder, promoted to grade of Medical Director, Pd. Asst. Surgeon, Jas. E. Gardner promoted to the grade of Surgeon. Pd. Asst. Surgeon, Millard H. Crawford promoted to grade of Surgeon.

A SINGULAR REQUEST.

Family Physician—I can assure you my dear lady, that you have not the least trace of a liver complaint.

Patient, who longs to go to Carlsbad —But, my dear doctor, can't you provide me with it if I want it very badly?

—*Fliegende Blaetter.*